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| <b>,.</b>   |   |  |                                     |                      |   |                  |                  | Application or Docket Number |          |                        |           |                            |   |  |
|---|---|--|-------------------------------------|----------------------|---|------------------|------------------|------------------------------|----------|------------------------|-----------|----------------------------|---|--|
| PATENT APPLICATION FEE DETERMINATION RECOF<br>Effective October 1, 2001   |   |  |                                     |                      |   |                  |                  | 014208:142                   |          |                        |           |                            |   |  |
|   | i i i i   | CLAIMS AS                              | (Column 1) (Column 1)               |                      |   | 4.27             |                  | SMALL EI                     |          | ITITY                  | OR        | OTHER THAN<br>SMALL ENTITY |   |  |
| TOTAL CLAIMS  |   | 25                                     |                                     |                      |   | Γ                | RATE FEE         |                              | FEE      | ]                      | RATE      | FEE                        |   |  |
| FOR   |   | NUMBER FILED                           |                                     | NUMBER EXTRA         |   | В                | BASIC FEE 370.00 |                              | 370.00   | OR                     | BASIC FEE | 740.00                     |   |  |
| TOTAL CHARGEABLE CLAIMS   |   |  | 25 minus 20=                        |                      | * 5                                     |                  |                  | X\$ 9=                       |          |                        | OR        | X\$18=                     | 90                                      |  |
| INDEPENDENT CLAIMS  |   |  | 4 minus 3 =                         |                      | * /                                     |                  |                  | X42=                         |          |                        | OR        | X84=                       | 84                                      |  |
| MULTIPLE DEPENDENT CLAIM PI   |   |  | RESENT                              |                      |   |                  |                  | +140=                        |          |                        | OR        | +280=                      |   |  |
| * If  | the difference                                  | less than ze                           | ss than zero, enter "0" in column 2 |                      |   | <b>L</b>         | TOTAL            |                              |          | OR                     | TOTAL     | 914                        |   |  |
| CLAIMS AS AMENDED - PART II   |   |  |                                     |                      |   |                  |                  |                              |          |                        | •         | OTHER                      | THAN                                    |  |
|   | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |  |                                     |                      |   |                  |                  | SMAL                         | L E      | NTITY                  | OR        | SMALL                      |   |  |
| ENT A   |   | REMAINING<br>AFTER<br>AMENDMENT        |                                     | NUM<br>PREVI         | BER<br>OUSLY<br>FOR                     | PRESENT<br>EXTRA |                  | RATE                         |          | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE                  |  |
| MON   | Total   | *                                      | Minus                               | **                   |   | =                |                  | X\$ 9=                       | =        |                        | OR        | X\$18=                     |   |  |
| AMENDMENT   | Independent                                     | *                                      | Minus                               | ***                  |   | =                |                  | X42=                         |          |                        | OR        | X84=                       |   |  |
|   | FIRST PRESE                                     | JLTIPLE DEPENDENT CLAIM                |                                     |                      |   | +140=            |                  |                              |          |                        | +280=     |                            |   |  |
|   |   |  |                                     |                      |   |                  |                  | + 140=<br>TOT/               | i        |                        | OR        | TOTAL                      |   |  |
| (Column 1) (Column 2) (Column 3)  |   |  |                                     |                      |   |                  |                  | ADDIT. FEE OR ADDIT. FEE     |          |                        |           |                            |   |  |
| -   |   | (Column 1) CLAIMS                      |                                     | HIGH                 | HEST                                    | (Column 3)       | Г                |                              |          | ADDI-                  |           |                            | ADDI-                                   |  |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT        |                                     | PREVI                | MBER<br>OUSLY<br>FOR                    | PRESENT<br>EXTRA |                  | RATE                         |          | TIONAL<br>FEE          |           | RATE                       | TIONAL<br>FEE                           |  |
| NDN   | Total   | *                                      | Minus                               | **                   |   | =                |                  | X\$ 9=                       | :        |                        | OR        | X\$18=                     |   |  |
| AME   | Independent                                     | *                                      | Minus                               | ***                  |   | =                |                  | X42=                         |          |                        | OR        | X84=                       |   |  |
| L   | FIRST PRESE                                     | NTATION OF MU                          | JLTIPLE DEF                         | 'ENDEN               | CLAIM                                   |                  |                  | +140=                        | <u>.</u> |                        | OR        | +280=                      |   |  |
|   |   |  |                                     |                      |   |                  |                  | TOTA                         | AL.      |                        | ΛP        | TOTAL                      |   |  |
|   |   | (Column 1)                             |                                     | (Colu                | mn 2)                                   | (Column 3)       | AC               | ODIT. FE                     | EL       |                        |           | ADDIT. FEE                 | · , , , , , , , , , , , , , , , , , , , |  |
| AMENDMENT C   |   | CLAIMS REMAINING AFTER AMENDMENT       |                                     | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA | Γ                | RATE                         |          | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL                         |  |
|   | Total   | *                                      | Minus                               | **                   | . • • • • • • • • • • • • • • • • • • • | =                | 十                | X\$ 9=                       | _        | 1 4 5                  |           | X\$18=                     | FEE                                     |  |
|   | Independent                                     | *                                      | Minus                               | ***                  |   | =                | -                |                              | ┪        |                        | OR        |                            |   |  |
|   | FIRST PRESE                                     | JLTIPLE DEPENDENT                      |                                     | T CLAIM              | CLAIM                                   |                  | X42=             |                              |          | OR                     | X84=      |                            |   |  |
|   |   |  |                                     |                      |   |                  |                  | +140=                        | :        |                        | OR        | +280=                      |   |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |  |                                     |                      |   |                  |                  | TOTA<br>ODIT. FE             |          |                        | OR        | TOTAL<br>ADDIT. FEE        |   |  |
|   |   | mber Previously Painber Previously Pai |                                     |                      |   |                  |                  |                              |          | propriate box          | x in co   |                            |   |  |